



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

April 29, 2004

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

Julie E. Johnson
2488 Santa Rosa Dr., SW
Atlanta, GA 30331

04-R-0595

Dear Ms. Johnson:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on April 19, 2004. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division** at (404) 330-6400.

Yours very truly,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

RCS# 5585
4/19/04
3:03 PM

Atlanta City Council

Regular Session

CONSENT I CONSENT I PG(S) 1-18, EXCEPT:04-R-0538
 04-O-0487 04-R-0473
 ADOPT

YEAS:	14
NAYS:	0
ABSTENTIONS:	0
NOT VOTING:	2
EXCUSED:	0
ABSENT	0

Y Smith	Y Archibong	Y Moore	Y Mitchell
Y Starnes	NV Fauver	Y Martin	Y Norwood
Y Young	Y Shook	Y Maddox	Y Willis
Y Winslow	Y Muller	Y Boazman	NV Woolard

CONSENT I

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 03L0341

Date: March 17, 2004

Claimant /Victim JULIE E. JOHNSON

BY: (Atty) (Ins. Co.) _____

Address: 2488 Santa Rosa Drive, SW, Atlanta, Georgia 30331

Subrogation: _____ Claim for Property damage \$ 1,076.01 Bodily Injury \$ _____

Date of Notice: 4/22/03 Method: Written, Proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 10/23/02 Place: 1138 Harwell Street, NW

Department FIRE Division _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that she sustained property damages when the Fire Department forced entry into her home. An investigation determined the claimant's initial call to the department was mistakenly logged as a "distress" call. Nevertheless, the Department of Fire operates as a governmental function and the City is immune from liability as set forth in O.C.G.A. §36-33-1.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

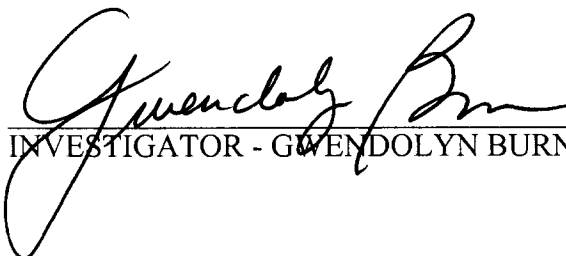
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

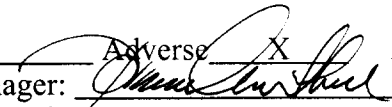
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2PO1 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 03/18/04

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RECEIVED

APR 22 2003

MUNICIPAL CLERK

RE: CLAIM FOR DAMAGES

Today's Date: 4-22-03

ENTERED - 5-6-03 - SB
03L0341 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1,076.01 property and/or \$ NA bodily injury for which I contend the City is liable.

1. Date of incident: 10/23/02 (month/day/year) 2. Time of Incident: 3:00 pm 3. Police called: ☒ Yes ☐ No
4. Location of incident (including street address): 1138 Harwell St, NW. Atlanta, GA 30314
5. Name of your insurance company: The Millers Ins. Co. Policy No. GAH-000715
6. State what and how incident occurred: Fire Dept. forced entry by breaking up the locks and lock area on the burglar door and woodend door. The Fire Dept. had mistakenly logged my call requesting the address of the nearest fire station as a call for help. No one was at the house at the time. FD incident # 02042284. APD incident # 02-296-1155
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. Claims must be received within 6 months of the event.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Julie E. Johnson
Signature of Claimant

On behalf of my father, Edward Johnson, the homeowner, I have Power of Attorney for him.

04-R-0595

Julie E. Johnson

(Print Claimant's Name)

2488 Santa Rosa Dr, S.W.

(Address)

Atlanta, GA 30331

(City, State and Zip Code)

(Work Number)

404-349-1847

(Home Number)

Entered 5-6-03 - sb
CL 03L0341 GWENDOLYN BURNS

04- *p* -0595

CLAIM OF: JULIE E. JOHNSON
2488 Santa Rosa Drive, SW
Atlanta, Georgia 30331

For property damages alleged to have been
sustained as a result of a forced entry incident on
October 23, 2002 at 1138 Harwell Street, NW.

THIS ADVERSED REPORT IS
APPROVED

BY: _____

[Signature]
JERRY L. DELOACH
DEPUTY CITY ATTORNEY

ADVERSE REPORT

PUBLIC SAFETY &

LEGAL ADMINISTRATION COMMITTEE

DATE: *3/30/04*

CHAIR: *[Signature]*

[Signature]

[Signature]

[Signature]

[Signature]

CERTIFIED
APR 19 2004
COUNCIL PRESIDENT PROTEM
[Signature]

CERTIFIED
APR 19 2004
MUNICIPAL CLERK
[Signature]

APR 19 2004
ADJUTANT